

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 26-APR-2016		TIME 16:12:00		2. ADDRESS OF OCCURRENCE 4720 S COTTAGE GROVE AVE CHICAGO, IL 60615			3. LOCATION CODE 221		4. BEAT/OCCUR 0223		
	5. POSITION 9161		6. LAST NAME KOCH		7. FIRST NAME DAVID A		8. STAR NO. 7536		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
SUBJECT INFORMATION	11. AGE 510		12. HT. 230		13. WT. 230		14. DATE OF APPT. 15-MAR-2013		15. EMPLOYEE NO. 002		16. UNIT & BEAT OF ASSIGNMENT 002 0225	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME SEALES		21. FIRST NAME RICKY		22. M.I.	
REASON FOR USE OF FORCE (Check all that apply)	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 12-MAR-1971		26. HT. 600		27. WT. 160		28. ADDRESS 3814 DR MARTIN LUTHER KING JR DR CHICAGO, IL	
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MERCY HOSPITAL AND MEDICAL CENTER		34. BY WHOM? PHYSICIAN	
SUBJECT INFORMATION	35. CONDICTION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. 19301525		38. IR NO.		39. DNA		40. ADDITIONAL INFORMATION P.O. KOCH INJURED IN INCIDENT.	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL	
SUBJECTS ACTIONS	47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL No (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID NO.	
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED	
MEMBER'S RESPONSE	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. 1611709851	
CASE INFO.	71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		73. REPORTING MEMBER (Print Name) KOCH, DAVID A		STAR/EMPLOYEE NO. 7536		SIGNATURE [Signature]		74. REVIEWING SUPERVISOR (Print Name) CHAMBERS, PETER	
	75. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		76. DATE REVIEWED 26-APR-2016 18:39:38		77. TIME 26-APR-2016 18:39:38		78. SIGNATURE [Signature]		79. DATE REVIEWED 26-APR-2016 18:39:38		80. TIME 26-APR-2016 18:39:38	
SIGNATURES	73. REPORTING MEMBER (Print Name) KOCH, DAVID A		STAR/EMPLOYEE NO. 7536		SIGNATURE [Signature]		74. REVIEWING SUPERVISOR (Print Name) CHAMBERS, PETER		STAR NO. 2367		SIGNATURE [Signature]	
	75. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		76. DATE REVIEWED 26-APR-2016 18:39:38		77. TIME 26-APR-2016 18:39:38		78. SIGNATURE [Signature]		79. DATE REVIEWED 26-APR-2016 18:39:38		80. TIME 26-APR-2016 18:39:38	

SUBJECT
INFORMATION

36. CHARGES PLACED

☐ DNA

725 ILCS 5.0/110-3, 720 ILCS 5.0/16-25-A-1, 720 ILCS 5.0/31-1-A-7, 720 ILCS
5.0/31-1-A, 720 ILCS 5.0/16-25-A-1

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

subject at hospital

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the available information the R/L concluded the member complied with Department procedures in that the member responded to the subject's actions in accordance with the Use of Force Model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DOHERTY, RAYMOND M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

26-APR-2016 19:01:24

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

1